County: Douglas
ST FRANCIS HOME IN THE PARK
1800 NEW YORK AVENUE
SUPERIOR 54880 Phone: (715) 394-5591
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 168
Total Licensed Bed Capacity (12/31/00): 192
Number of Residents on 12/31/00: 143

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Nonprofit Church-Related Skilled No Yes 140

Number of Residents on 12/31/00: ***********************************	****	145 ************	*****	******	*******	*********	*****
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/0	9) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No No No No No No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org. /Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular	% 0. 0 24. 5 9. 8 0. 0 0. 7 1. 4 5. 6 13. 3	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	4. 9 9. 1 35. 7 38. 5 11. 9	Less Than 1 Year 1 - 4 Years More Than 4 Years  **********************  Full-Time Equival Nursing Staff per 100 (12/31/00)	
Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No No No Yes	Cerebrovascul ar Di abetes Respi ratory Other Medical Conditions	6. 3 2. 8 4. 2 31. 5  100. 0	Sex Male Female	19. 6 80. 4  100. 0	RNs LPNs Nursing Assistants Aides & Orderlies	8. 0 7. 3 29. 5

## Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay	 I	Manage	d Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1	Ŭ ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	6	5. 6	\$110.08	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	6	4. 2%
Skilled Care	15	100.0	\$241.71	79	73. 1	\$96. 43	0	0.0	\$0.00	19	95.0	\$120.00	0	0.0	\$0.00	113	<b>79. 0</b> %
Intermediate				23	21.3	\$81. 13	0	0.0	\$0.00	1	5.0	\$120.00	0	0.0	\$0.00	24	16. 8%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	15	100.0		108	100. 0		0	0.0		20	100.0		0	0.0		143	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditions, Servi	ces, and Activities as o	f 12/31/00
beachs builing kepoteting terrou		1		% Needi ng		Total
Percent Admissions from:		Activities of	%	Assi stance of	% Totally	Number of
Private Home/No Home Health	14.0	Daily Living (ADL)	Independent	One Or Two Sta		Resi dents
Private Home/With Home Health	0.0	Bathi ng	14.0	65. 0	21. 0	143
Other Nursing Homes	1.8	Dressi ng	14. 0	65. 0	21. 0	143
Acute Care Hospitals	84. 1	Transferring	14. 0	65. 0	21. 0	143
Psych. HospMR/DD Facilities	0.0	Toilet Use	14. 0	65. 0	21. 0	143
Rehabilitation Hospitals	0. 0	Eating	14. 0	65. 0	21. 0	143
Other Locations	0.0	**************	******	******	*********	**********
Total Number of Admissions	164	Continence		% Special T		%
Percent Discharges To:		Indwelling Or Externa		4. 9 Recei vi	ng Respiratory Care	14. 0
Private Home/No Home Health	13. 4	Occ/Freq. Incontinent			ng Tracheostomy Care	0. 7
Private Home/With Home Health	26. 2	Occ/Freq. Incontinent	t of Bowel		ng Suctioning	1.4
Other Nursing Homes	3. 7				ng Ostomy Care	2. 1
Acute Care Hospitals	22.6	Mobility	_		ng Tube Feeding	2. 1
Psych. HospMR/DD Facilities	0.0	Physically Restrained	1	8. 4 Recei vi	ng Mechanically Altered	Diets 28.0
Rehabilitation Hospitals	0. 0					
Other Locations	0.6	Ski n Care			dent Characteristics	
Deaths	33. 5	With Pressure Sores			vance Directives	83. 9
Total Number of Discharges		With Rashes		0.0 Medication		
(Including Deaths)	164	1		Recei vi i	ng Psychoactive Drugs	21. 7

	Ownershi p:		Bed	Si ze:	Li censure:				
	Thi s	This Nonprofit		100- 199		Skilled		Al l	
	Facility	ility Peer <sup>*</sup> Group		Peer	Group	Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	72. 9	87. 8	0. 83	83. 6	0. 87	84. 1	0. 87	84. 5	0. 86
Current Residents from In-County	98. 6	82. 6	1. 19	86. 1	1. 15	83. 5	1. 18	77. 5	1. 27
Admissions from In-County, Still Residing	23. 8	25. 9	0. 92	22. 5	1.06	22. 9	1.04	21. 5	1. 11
Admissions/Average Daily Census	117. 1	116. 8	1.00	144. 6	0. 81	134. 3	0. 87	124. 3	0. 94
Discharges/Average Daily Census	117. 1	117. 3	1.00	146. 1	0.80	135. 6	0.86	126. 1	0. 93
Discharges To Private Residence/Average Daily Census	46. 4	43. 9	1.06	<b>56</b> . 1	0. 83	<b>53. 6</b>	0. 87	49. 9	0. 93
Residents Receiving Skilled Care	83. 2	91. 3	0. 91	91. 5	0. 91	90. 1	0. 92	83. 3	1.00
Residents Aged 65 and Older	95. 1	97. 1	0. 98	92. 9	1. 02	92. 7	1.03	87. 7	1.08
Title 19 (Médicaid) Funded Residents	75. 5	<b>56.</b> 2	1. 34	63. 9	1. 18	63. 5	1. 19	69. 0	1. 10
Private Pay Funded Residents	14. 0	37. 5	0. 37	24. 5	0. 57	27. 0	0. 52	22. 6	0. 62
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 8	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Résidents	34. 3	36. 3	0.94	36. 0	0. 95	37. 3	0. 92	33. 3	1.03
General Medical Service Residents	31. 5	21. 1	1.49	21. 1	1.49	19. 2	1.64	18. 4	1.71
Impaired ADL (Mean)	53. 8	50.8	1.06	50. 5	1. 07	49. 7	1.08	49. 4	1.09
Psychological Problems	21. 7	<b>50.</b> 0	0. 43	49. 4	0.44	50. 7	0.43	50. 1	0.43
Nursing Care Required (Mean)	6. 5	6.8	0. 95	6. 2	1.05	6. 4	1. 00	7. 2	0. 90